

Foster Family Home - Corrective Action Report

Provider ID: 1-180011

Home Name: Imee Gallardo, CNA

Review ID: 1-180011-6

94-443 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/13/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 2/13/2021.

PCG is requesting to increase to a 3 client CCFFH.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No Basic Skills Checklist present for CG#1, CG#2, CG#3, and CG#4 present in Client #1's chart/binder.

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- CG#2 without evidence of conducting a monthly fire drill for the past 12 months.

Foster Family Home	Physical Environment	[11-800-49]
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49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:

49.(b)(1)- No partition/curtain present in the shared bedrooms of Client #1 and Client #2.

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization present for Client #1 and Client #2 for a video monitoring device seen inside their bedroom.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(1) Client's vital information;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

- 54.(b)- No signatures present for each dated entries in Client #1's progress/observation notes.
- 54.(c)(1)- Client #2's Face/Information Sheet was not updated to reflect client's current medical insurance status.
- 54.(c)(5)- Client #1's Medication Administration Record(MAR) was last signed on 1/7/2021. For Client #2, MAR was without CG#1's initials from 1/1/2021-1/12/2021.
- 54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 1/5/2021.

Mairibel Nakamura, RN

Compliance Manager

Primary Care Giver

1/13/2021

Date

1/13/2021

Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Imee Gallardo

(PLEASE PRINT)

CCFFH Address: 94-443 Kahualena Street Waipahu, Hi 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(g)	CG#1, CG#2, and CG#3 basic client checklist is now in client #1 binder.	1/14/21	CG#1 will keep a reminder calendar and write down all client checklist is available for all clients in the home.
46.(a)	CG#2 fire drill alarm is now added in the home binder.	1/14/21	CG#1 wrote a daily reminder in the calendar for CG#2 to do a monthly fire drill inspection.
49.b(1)	CG#1 installed middle curtain for privacy on both client.	1/16/21	CG#1 will always remember that shared room has to have a curtain installed for client's privacy.
53.(b) (9)	CG#1 took down video device in client's room.	1/16/21	CG#1 will reached out to family to get a consent form signed for the video device installation.
54.(b)	CG#1 signed all present entries in client #1's progress/observation report	1/20/21	CG#1 wrote down on her calendar as a reminder to only use black pen and sign all client's reports.
54.(c) (1)	and inserted it on client #1's binder. CG#1 Inserted new insurance card on client #2's binder.	1/22/21	CG#1 set up a monthly reminder to check client #1 and client #2 insurance status in updated on their binders.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 2/4/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Imee Gallardo

(PLEASE PRINT)

CCFFH Address: 94-443 Kahualena Street Waipahu, Hi 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c) (5)	CG#1 updated client #1's MAR has been signed. CG#1 initial client #2's MAR on proper date and has been updated on client#1 and client#2's individual binders. CG #1 signed client #1's ADLs/Daily Care Flowsheet and up to date and is now available in client #1's binder	1/26/21	CG#1 has a reminder calendar to make sure all proper dates are signed on the MAR for client #1 and client #2.
54(c) (6)		02/03/21	CG#1 will double check weekly each client's binder making sure MARs are fully updated, signed and initials.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 2/4/2021

☒ CTA has reviewed all corrected items